

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101569483

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6	/		/			
7		/		/		
8		/		/		
9		/		/		
10	/		/			
11	/	0	/	/		
12	/		/			
13		/		/		
14		/		/		
15	/		/			
16		/		/		
17	/		/			
18	/		/			
19		2		/		
20		2		/		
21		2		/		
22	/		/			
23	/		/			
24		2		/		
25		2		/		
26		2		/		
27	/		/			
28	/		/			
29		2		/		
30		2		/		
31		2		/		
32		2		/		
33	/		/			
34	/		/			
35		2		/		
36	/		/			
37		/		/		
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41		/		/		
42		/		/		
43	/		/			
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						